

10/535351
Rec'd PCTO 18 MAY 2005

PCT

REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

International Application No.

International Filing Date

Name of receiving Office and "PCT International Application"

Applicant's or agent's file reference
(if desired) (12 characters maximum) 58398-PCT

Box No. I TITLE OF INVENTION
ACTIVATION OF PEPTIDE PRODRUGS BY HK2

Box No. II APPLICANT This person is also inventor

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

The Johns Hopkins University
100 N. Charles Street, 5th Floor
Baltimore, Maryland 21201
USA

Telephone No.
401.516.8300

Facsimile No.
401.516.5113

Teleprinter No.

Applicant's registration No. with the Office

State (that is, country) of nationality:
US

State (that is, country) of residence:
US

This person is applicant all designated all designated States except the United States of America the United States of America only the States indicated in the Supplemental Box for the purposes of:

Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

DENMEADE, Samuel R.
5112 Little Creek Drive
Ellicott City, MD 21043
USA

This person is:

applicant only

applicant and inventor

inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:
US

State (that is, country) of residence:
US

This person is applicant all designated all designated States except the United States of America the United States of America only the States indicated in the Supplemental Box for the purposes of:

Further applicants and/or (further) inventors are indicated on a continuation sheet.

Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE

The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as:

agent common representative

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

Jennifer K. Rosenfield
EDWARDS & ANGELL, LLP
P.O. Box 9169
Boston, MA 02209
USA

Telephone No.
617.439.4444

Facsimile No.
617.439.4170

Teleprinter No.

Agent's registration No. with the Office
53,531

Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

Continuation of Box No. III FURTHER APPLICANTS AND/OR (FURTHER) INVENTOR(S)

If none of the following sub-boxes is used, this sheet should not be included in the request.

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

ISAACS, John T.
13638 Poplar Hill Road
Phoenix, MD 21131
USA

This person is:

applicant only
 applicant and inventor
 inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:
USState (that is, country) of residence:
US

This person is applicant all designated States all designated States except the United States of America the United States of America only the States indicated in the Supplemental Box for the purposes of:

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

LILJA, Hans
S-239 35 Skanor
Sweden

This person is:

applicant only
 applicant and inventor
 inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:
SwedenState (that is, country) of residence:
Sweden

This person is applicant all designated States all designated States except the United States of America the United States of America only the States indicated in the Supplemental Box for the purposes of:

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

~

This person is:

applicant only
 applicant and inventor
 inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:

State (that is, country) of residence:

This person is applicant all designated States all designated States except the United States of America the United States of America only the States indicated in the Supplemental Box for the purposes of:

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

~

This person is:

applicant only
 applicant and inventor
 inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:

State (that is, country) of residence:

This person is applicant all designated States all designated States except the United States of America the United States of America only the States indicated in the Supplemental Box for the purposes of:

Further applicants and/or (further) inventors are indicated on another continuation sheet.

Box No.V DESIGNATION OF STATES

Mark the applicable check-boxes below; at least one must be marked.

The following designations are hereby made under Rule 4.9(a):

Regional Patent

AP ARIPO Patent: GH Ghana, GM Gambia, KE Kenya, LS Lesotho, MW Malawi, MZ Mozambique, SD Sudan, SL Sierra Leone, SZ Swaziland, TZ United Republic of Tanzania, UG Uganda, ZM Zambia, ZW Zimbabwe, and any other State which is a Contracting State of the Harare Protocol and of the PCT (if other kind of protection or treatment desired, specify on dotted line)

EA Eurasian Patent: AM Armenia, AZ Azerbaijan, BY Belarus, KG Kyrgyzstan, KZ Kazakhstan, MD Republic of Moldova, RU Russian Federation, TJ Tajikistan, TM Turkmenistan, and any other State which is a Contracting State of the Eurasian Patent Convention and of the PCT

EP European Patent: AT Austria, BE Belgium, BG Bulgaria, CH & LI Switzerland and Liechtenstein, CY Cyprus, CZ Czech Republic, DE Germany, DK Denmark, EE Estonia, ES Spain, FI Finland, FR France, GB United Kingdom, GR Greece, HU Hungary, IE Ireland, IT Italy, LU Luxembourg, MC Monaco, NL Netherlands, PT Portugal, RO Romania, SE Sweden, SI Slovenia, SK Slovakia, TR Turkey, and any other State which is a Contracting State of the European Patent Convention and of the PCT

OA OAPI Patent: BF Burkina Faso, BJ Benin, CF Central African Republic, CG Congo, CI Côte d'Ivoire, CM Cameroon, GA Gabon, GN Guinea, GQ Equatorial Guinea, GW Guinea-Bissau, ML Mali, MR Mauritania, NE Niger, SN Senegal, TD Chad, TG Togo, and any other State which is a member State of OAPI and a Contracting State of the PCT (if other kind of protection or treatment desired, specify on dotted line)

National Patent (if other kind of protection or treatment desired, specify on dotted line):

<input checked="" type="checkbox"/> AE United Arab Emirates	<input checked="" type="checkbox"/> HR Croatia	<input checked="" type="checkbox"/> OM Oman
<input checked="" type="checkbox"/> AG Antigua and Barbuda	<input checked="" type="checkbox"/> HU Hungary	<input checked="" type="checkbox"/> PG Papua New Guinea
<input checked="" type="checkbox"/> AL Albania	<input checked="" type="checkbox"/> ID Indonesia	<input checked="" type="checkbox"/> PH Philippines
<input checked="" type="checkbox"/> AM Armenia	<input checked="" type="checkbox"/> IL Israel	<input checked="" type="checkbox"/> PL Poland
<input checked="" type="checkbox"/> AT Austria	<input checked="" type="checkbox"/> IN India	<input checked="" type="checkbox"/> PT Portugal
<input checked="" type="checkbox"/> AU Australia	<input checked="" type="checkbox"/> IS Iceland	<input checked="" type="checkbox"/> RO Romania
<input checked="" type="checkbox"/> AZ Azerbaijan	<input checked="" type="checkbox"/> JP Japan	<input checked="" type="checkbox"/> RU Russian Federation
<input checked="" type="checkbox"/> BA Bosnia and Herzegovina	<input checked="" type="checkbox"/> KE Kenya	
<input checked="" type="checkbox"/> BB Barbados	<input checked="" type="checkbox"/> KG Kyrgyzstan	<input checked="" type="checkbox"/> SC Seychelles
<input checked="" type="checkbox"/> BG Bulgaria	<input checked="" type="checkbox"/> KP Democratic People's Republic of Korea	<input checked="" type="checkbox"/> SD Sudan
<input checked="" type="checkbox"/> BR Brazil	<input checked="" type="checkbox"/> KR Republic of Korea	<input checked="" type="checkbox"/> SE Sweden
<input checked="" type="checkbox"/> BY Belarus	<input checked="" type="checkbox"/> KZ Kazakhstan	<input checked="" type="checkbox"/> SG Singapore
<input checked="" type="checkbox"/> BZ Belize	<input checked="" type="checkbox"/> LC Saint Lucia	<input checked="" type="checkbox"/> SK Slovakia
<input checked="" type="checkbox"/> CA Canada	<input checked="" type="checkbox"/> LK Sri Lanka	<input checked="" type="checkbox"/> SL Sierra Leone
<input checked="" type="checkbox"/> CH & LI Switzerland and Liechtenstein	<input checked="" type="checkbox"/> LR Liberia	<input checked="" type="checkbox"/> SY Syrian Arab Republic
<input checked="" type="checkbox"/> CN China	<input checked="" type="checkbox"/> LS Lesotho	<input checked="" type="checkbox"/> TJ Tajikistan
<input checked="" type="checkbox"/> CO Colombia	<input checked="" type="checkbox"/> LT Lithuania	<input checked="" type="checkbox"/> TM Turkmenistan
<input checked="" type="checkbox"/> CR Costa Rica	<input checked="" type="checkbox"/> LU Luxembourg	<input checked="" type="checkbox"/> TN Tunisia
<input checked="" type="checkbox"/> CU Cuba	<input checked="" type="checkbox"/> LV Latvia	<input checked="" type="checkbox"/> TR Turkey
<input checked="" type="checkbox"/> CZ Czech Republic	<input checked="" type="checkbox"/> MA Morocco	<input checked="" type="checkbox"/> TT Trinidad and Tobago
<input checked="" type="checkbox"/> DE Germany	<input checked="" type="checkbox"/> MD Republic of Moldova	<input checked="" type="checkbox"/> TZ United Republic of Tanzania
<input checked="" type="checkbox"/> DK Denmark		<input checked="" type="checkbox"/> UA Ukraine
<input checked="" type="checkbox"/> DM Dominica	<input checked="" type="checkbox"/> MG Madagascar	<input checked="" type="checkbox"/> UG Uganda
<input checked="" type="checkbox"/> DZ Algeria	<input checked="" type="checkbox"/> MK The former Yugoslav Republic of Macedonia	<input checked="" type="checkbox"/> US United States of America
<input checked="" type="checkbox"/> EC Ecuador	<input checked="" type="checkbox"/> MN Mongolia	<input checked="" type="checkbox"/> UZ Uzbekistan
<input checked="" type="checkbox"/> EE Estonia	<input checked="" type="checkbox"/> MW Malawi	<input checked="" type="checkbox"/> VC Saint Vincent and the Grenadines
<input checked="" type="checkbox"/> ES Spain	<input checked="" type="checkbox"/> MX Mexico	<input checked="" type="checkbox"/> VN Viet Nam
<input checked="" type="checkbox"/> FI Finland	<input checked="" type="checkbox"/> MZ Mozambique	<input checked="" type="checkbox"/> YU Serbia and Montenegro
<input checked="" type="checkbox"/> GB United Kingdom	<input checked="" type="checkbox"/> NI Nicaragua	<input checked="" type="checkbox"/> ZA South Africa
<input checked="" type="checkbox"/> GD Grenada	<input checked="" type="checkbox"/> NO Norway	<input checked="" type="checkbox"/> ZM Zambia
<input checked="" type="checkbox"/> GE Georgia	<input checked="" type="checkbox"/> NZ New Zealand	<input checked="" type="checkbox"/> ZW Zimbabwe
<input checked="" type="checkbox"/> GH Ghana		
<input checked="" type="checkbox"/> GM Gambia		

Check-boxes below reserved for designating States which have become party to the PCT after issuance of this sheet:

.....

.....

.....

Precautionary Designation Statement: In addition to the designations made above, the applicant also makes under Rule 4.9(b) all other designations which would be permitted under the PCT except any designation(s) indicated in the Supplemental Box as being excluded from the scope of this statement. The applicant declares that those additional designations are subject to confirmation and that any designation which is not confirmed before the expiration of 15 months from the priority date is to be regarded as withdrawn by the applicant at the expiration of that time limit. (Confirmation (including fees) must reach the receiving Office within the 15-month time limit.)

Supplemental Box

If the Supplemental Box is not used, this sheet should not be included in the request.

1. If, in any of the Boxes, except Boxes Nos VIII(i) to (v) for which a special continuation box is provided, the space is insufficient to furnish all the information: in such case, write "Continuation of Box No...." (indicate the number of the Box) and furnish the information in the same manner as required according to the captions of the Box in which the space was insufficient, in particular:
 - (i) if more than two persons are to be indicated as applicants and/or inventors and no "continuation sheet" is available: in such case, write "Continuation of Box No. III" and indicate for each additional person the same type of information as required in Box No. III. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below;
 - (ii) if, in Box No. II or in any of the sub-boxes of Box No. III, the indication "the States indicated in the Supplemental Box" is checked: in such case, write "Continuation of Box No. II" or "Continuation of Box No. III" or "Continuation of Boxes No. II and No. III" (as the case may be), indicate the name of the applicant(s) involved and, next to (each) such name, the State(s) (and/or, where applicable, ARIPO, Eurasian, European or OAPI patent) for the purposes of which the named person is applicant;
 - (iii) if, in Box No. II or in any of the sub-boxes of Box No. III, the inventor or the inventor/applicant is not inventor for the purposes of all designated States or for the purposes of the United States of America: in such case, write "Continuation of Box No. II" or "Continuation of Box No. III" or "Continuation of Boxes No. II and No. III" (as the case may be), indicate the name of the inventor(s) and, next to (each) such name, the State(s) (and/or, where applicable, ARIPO, Eurasian, European or OAPI patent) for the purposes of which the named person is inventor;
 - (iv) if, in addition to the agent(s) indicated in Box No. IV, there are further agents: in such case, write "Continuation of Box No. IV" and indicate for each further agent the same type of information as required in Box No. IV;
 - (v) if, in Box No. V, the name of any State (or OAPI) is accompanied by the indication "patent of addition," or "certificate of addition," or if, in Box No. V, the name of the United States of America is accompanied by an indication "continuation" or "continuation-in-part": in such case, write "Continuation of Box No. V" and the name of each State involved (or OAPI), and after the name of each such State (or OAPI), the number of the parent title or parent application and the date of grant of the parent title or filing of the parent application;
 - (vi) if, in Box No. VI, there are more than five earlier applications whose priority is claimed: in such case, write "Continuation of Box No. VI" and indicate for each additional earlier application the same type of information as required in Box No. VI.
2. If, with regard to the precautionary designation statement contained in Box No. V, the applicant wishes to exclude any State(s) from the scope of that statement: in such case, write "Designation(s) excluded from precautionary designation statement" and indicate the name or two-letter code of each State so excluded.

Continuation of Box IV:

CONLIN, David G.
 NEUNER, George
 BUCKLEY, Linda M.
 CORLESS, Peter F.
 MANUS, Peter J.
 DALEY, Jr., William J.
 BUCHANAN, Robert L.
 O'DAY, Christine C.
 HAZZARD, Lisa S.
 TUCKER, David A.
 HARTNELL III, George W.
 ALEXANDER, John B.
 JENSEN, Steven M.
 PIFFAT, Kathryn A.
 ROOS, Richard J.
 MANSO, Peter J.
 REES, Dianne M.
 GITTEEN, Howard M.
 PENNY, Jr., John J.
 KONIECZNY, J. Mark
 ROSENFIELD, Jennifer K.
 BUTLER, Gregory B.
 KRAMER, Barry
 COUGHLIN, Daniel F.
 WOFSY, Scott D.
 CHACLAS, George N.
 NEWMAN, Richard H.
 SILVIA, David J.
 HEUSCH, Marina I.
 LAURO, Peter C.
 KITCHELL, Barbara

The above attorneys are all members of the firm:
 EDWARDS & ANGELL, LLP
 P.O. Box 9169
 Boston, Massachusetts 02209
 US

Box No. VI PRIORITY CLAIM

The priority of the following earlier application(s) is hereby claimed:

Filing date of earlier application (day/month/year)	Number of earlier application	Where earlier application is:		
		national application: country or Member of WTO	regional application:*	international application: receiving Office
item (1) 18 November 2002	60/427,309	US		
item (2)				
item (3)				
item (4)				
item (5)				

 Further priority claims are indicated in the Supplemental Box.

The receiving Office is requested to prepare and transmit to the International Bureau a certified copy of the earlier application(s) (only if the earlier application was filed with the Office which for the purposes of this international application is the receiving Office) identified above as:

all items item (1) item (2) item (3) item (4) item (5) other, see Supplemental Box

* Where the earlier application is an ARIPO application, indicate at least one country party to the Paris Convention for the Protection of Industrial Property or one Member of the World Trade Organization for which that earlier application was filed (Rule 4.10(b)(ii)):

Box No. VII INTERNATIONAL SEARCHING AUTHORITY

Choice of International Searching Authority (ISA) (if two or more International Searching Authorities are competent to carry out the international search, indicate the Authority chosen; the two-letter code may be used):

ISA/ US.....

Request to use results of earlier search; reference to that search (if an earlier search has been carried out by or requested from the International Searching Authority):

Date (day/month/year) Number Country (or regional Office)

Box No. VIII DECLARATIONS

The following declarations are contained in Boxes Nos. VIII (i) to (v) (mark the applicable check-boxes below and indicate in the right column the number of each type of declaration):

Number of declarations

<input type="checkbox"/> Box No. VIII (i)	Declaration as to the identity of the inventor	:
<input type="checkbox"/> Box No. VIII (ii)	Declaration as to the applicant's entitlement, as at the international filing date, to apply for and be granted a patent	:
<input type="checkbox"/> Box No. VIII (iii)	Declaration as to the applicant's entitlement, as at the international filing date, to claim the priority of the earlier application	:
<input type="checkbox"/> Box No. VIII (iv)	Declaration of inventorship (only for the purposes of the designation of the United States of America)	:
<input type="checkbox"/> Box No. VIII (v)	Declaration as to non-prejudicial disclosures or exceptions to lack of novelty	:

Box No. IX CHECK LIST; LANGUAGE OF FILING

This international application contains:

(a) in paper form, the following number of sheets:

request (including declaration sheets)	:	6
description (excluding sequence listings and/or tables related thereto)	:	29
claims	:	9
abstract	:	1
drawings	:	9

Sub-total number of sheets	:	54
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sequence listings	:	
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tables related thereto	:	
------------------------	---	--

<i>(For both, actual number of sheets if filed in paper form, whether or not also filed in computer readable form; see (c) below)</i>	:	
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Total number of sheets	:	54
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(b) only in computer readable form

(Section 801(a)(i))

(i) sequence listings(ii) tables related thereto(c) also in computer readable form

(Section 801(a)(ii))

(i) sequence listings(ii) tables related thereto

Type and number of carriers (diskette, CD-ROM, CD-R or other) on which are contained the

 sequence listings: tables related thereto:

(additional copies to be indicated under items 9(ii) and/or 10(ii), in right column)

This international application is accompanied by the following item(s) (mark the applicable check-boxes below and indicate in right column the number of each item):

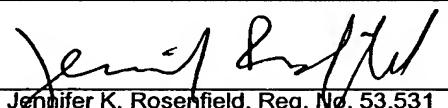
1. <input checked="" type="checkbox"/> fee calculation sheet	:	1
2. <input type="checkbox"/> original separate power of attorney	:	
3. <input type="checkbox"/> original general power of attorney	:	
4. <input checked="" type="checkbox"/> copy of general power of attorney; reference number, if any:	:	1
5. <input type="checkbox"/> statement explaining lack of signature	:	
6. <input type="checkbox"/> priority document(s) identified in Box No. VI as item(s):	:	
7. <input type="checkbox"/> translation of international application into (language):	:	
8. <input type="checkbox"/> separate indications concerning deposited microorganism or other biological material	:	
9. <input type="checkbox"/> sequence listings in computer readable form (indicate type and number of carriers)	:	
(i) <input type="checkbox"/> copy submitted for the purposes of international search under Rule 13ter only (and not as part of the international application)	:	
(ii) <input type="checkbox"/> (only where check-box (b)(i) or (c)(i) is marked in left column) additional copies including, where applicable, the copy for the purposes of international search under Rule 13ter	:	
(iii) <input type="checkbox"/> together with relevant statement as to the identity of the copy or copies with the sequence listings mentioned in left column	:	
10. <input type="checkbox"/> tables in computer readable form related to sequence listings (indicate type and number of carriers)	:	
(i) <input type="checkbox"/> copy submitted for the purposes of international search under Section 802(b-quater) only (and not as part of the international application)	:	
(ii) <input type="checkbox"/> (only where check-box (b)(ii) or (c)(ii) is marked in left column) additional copies including, where applicable, the copy for the purposes of international search under Section 802(b-quater)	:	
(iii) <input type="checkbox"/> together with relevant statement as to the identity of the copy or copies with the tables mentioned in left column	:	
11. <input type="checkbox"/> other (specify):	:	

Figure of the drawings which should accompany the abstract:

Language of filing of the international application:

Box No. X SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the request).



Jennifer K. Rosenfield, Reg. No. 53,531



Date

For receiving Office use only		2. Drawings: <input type="checkbox"/> received: <input type="checkbox"/> not received:
1. Date of actual receipt of the purported international application:		
3. Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application:		
4. Date of timely receipt of the required corrections under PCT Article 11(2):		
5. International Searching Authority (if two or more are competent):	ISA/	
6. <input type="checkbox"/> Transmittal of search copy delayed until search fee is paid		

For International Bureau use only

Date of receipt of the record copy by the International Bureau:

This sheet is not part of and does not count as a sheet of the international application.

PCT
FEES CALCULATION SHEET
Annex to the Request

For receiving Office use only

International Application No.

Date stamp of the receiving Office

Applicant's or agent's
file reference **58398-PCT**

Applicant
The Johns Hopkins University

CALCULATION OF PRESCRIBED FEES

1. TRANSMITTAL FEE

240.00

T

2. SEARCH FEE

700.00

S

International search to be carried out by **US**

(If two or more International Searching Authorities are competent to carry out the international search, indicate the name of the Authority which is chosen to carry out the international search.)

3. INTERNATIONAL FEE

Basic Fee

Where item (b) and/or (c) of Box No. IX apply, enter Sub-total number of sheets

54

Where item (b) and (c) of Box No. IX do not apply, enter Total number of sheets

b1 first 30 sheets

b1

b2 **40** x **12.00** = **480.00**

b2

number of sheets
in excess of 30

b3 additional component (only if sequence listings and/or tables related thereto are filed in computer readable form under Section 801(a)(i), or both in that form and on paper, under Section 801(a)(ii)):

400 x = **476.00**

b3

fee per sheet

Add amounts entered at b1, b2 and b3 and enter total at B

956.00

B

Designation Fees

The international application contains **93** designations.

5 x **104.00** = **520.00**

D

number of designation fees amount of designation fee
payable (maximum 5)

Add amounts entered at B and D and enter total at I

1,476.00

I

(Applicants from certain States are entitled to a reduction of 75% of the international fee. Where the applicant is (or all applicants are) so entitled, the

4. FEE FOR PRIORITY DOCUMENT (if applicable)

20.00

P

5. TOTAL FEES PAYABLE

2,436.00

TOTAL

The designation fees are not paid at this time.

MODE OF PAYMENT

authorization to charge
deposit account (see below)

postal money order

cash

coupons

cheque

bank draft

revenue stamps

other (specify):

AUTHORIZATION TO CHARGE (OR CREDIT) DEPOSIT ACCOUNT

(This mode of payment may not be available at all receiving Offices)

Receiving Office: RO/ **US**

Authorization to charge the total fees indicated above.

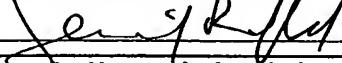
Deposit Account No.: **04-1105**

(This check-box may be marked only if the conditions for deposit accounts of the receiving Office so permit) Authorization to charge any deficiency or credit any overpayment in the total fees indicated above.

Date: **18 November 2003**

Authorization to charge the fee for priority document.

Name: **Jennifer K. Rosenfield**

Signature: 

See Notes to the fee calculation sheet

Continuation of Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)

If none of the following sub-boxes is used, this sheet should not be included in the request.

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

ISAACS, John T.
13638 Poplar Hill Road
Phoenix, MD 21131
USA

This person is:

applicant only
 applicant and inventor
 inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:
USState (that is, country) of residence:
USThis person is
applicant

all designated States
 all designated States except the United States of America only
 the United States of America only
 the States indicated in the Supplemental

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

LILJA, Hans
Gesallens gata 17, S-239 35
Skanor, Sweden

This person is:

applicant only
 applicant and inventor
 inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:
SwedenState (that is, country) of residence:
SwedenThis person is
applicant for the

all designated States
 all designated States except the United States of America only
 the United States of America only
 the States indicated in the Supplemental

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

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 inventor only (If this check-box is marked, do not fill in below.)

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all designated States
 all designated States except the United States of America only
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 applicant and inventor
 inventor only (If this check-box is marked, do not fill in below.)

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State (that is, country) of nationality:

State (that is, country) of residence:

This person is
applicant for the

all designated States
 all designated States except the United States of America only
 the United States of America only
 the States indicated in the Supplemental

Further applicants and/or (further) inventors are indicated on another continuation sheet.

Replacement Page

Sheet No. 2

Continuation of Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)

If none of the following sub-boxes is used, this sheet should not be included in the request.

Name and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)*

ISAACS, John T.
13638 Poplar Hill Road
Pheonix, MD 21131
USA

This person is:

applicant only
 applicant and inventor
 inventor only *(If this check-box is marked, do not fill in below.)*

Applicant's registration No. with the Office

State *(that is, country)* of nationality:
US

State *(that is, country)* of residence:
US

This person is
applicant

all designated States all designated States except the United States of the United States of America only the States indicated in the Supplemental

Name and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)*

LILJA, Hans
Gesallens gata 17, S-239 35
Skanor, Sweden

This person is:

applicant only
 applicant and inventor
 inventor only *(If this check-box is marked, do not fill in below.)*

Applicant's registration No. with the Office

State *(that is, country)* of nationality:
Sweden

State *(that is, country)* of residence:
Sweden

This person is
applicant for the

all designated States all designated States except the United States of the United States of America only the States indicated in the Supplemental

Name and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)*

This person is:

applicant only
 applicant and inventor
 inventor only *(If this check-box is marked, do not fill in below.)*

Applicant's registration No. with the Office

State *(that is, country)* of nationality:

State *(that is, country)* of residence:

This person is
applicant for the

all designated States all designated States except the United States of the United States of America only the States indicated in the Supplemental

Name and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)*

This person is:

applicant only
 applicant and inventor
 inventor only *(If this check-box is marked, do not fill in below.)*

Applicant's registration No. with the Office

State *(that is, country)* of nationality:

State *(that is, country)* of residence:

This person is
applicant for the

all designated States all designated States except the United States of the United States of America only the States indicated in the Supplemental

Further applicants and/or (further) inventors are indicated on another continuation sheet.